PCMH User Group Highlights 4/25/18

Slides from presentations are attached to email and on website (slides and highlights under PCMH User Group)

Practice Sharing:

- **Specialist Referral Process – What does your practice do? What works? What doesn't?**
  - Practice A
    - Dependent on specialty and office:
      - Orders are faxed or
      - Sent electronically
    - Patient or Practice schedules
      - Patient receives a handout at visit detailing specialist name, address and phone number
      - Practice generally does not set expectations for when the patient will hear from the specialty office
      - If the appt is scheduled by Practice A, pt knows when the appt. is.
      - If the appt is scheduled by patient, the office will sometimes receive a fax from specialist office of appt. date and time.
    - Once a month, outstanding referrals are reviewed and acted upon.
      - Referral will be re-faxed.
      - Specialist office will be called.
    - Has a designated referral person
      - For some specialties, the front desk can just send referral.
    - Most specialist offices are helpful and follow up.
  - Practice B
    - Specialist visits are not scheduled prior to the patient leaving office
      - Referral is faxed to the specialist office with a request to contact either the Patient or Practice B within 7-14 days to schedule patient visit.
      - Practice B does say to the patient – you should hear from the specialist office within 7-14 days, call them if you have not heard from them
    - There is no designated referral person.
      - Practice B has 10 physicians, each front desk person has 2 physicians that they are responsible for tracking referrals for.
      - Find it very difficult to get information from specialist offices as to when patient appointments are scheduled (if patient schedules themselves)
      - The front desk staff is responsible for documenting and closing the loop on the referrals.
    - Also send referrals via P2P or Direct Trust
      - Sometimes do not know if P2P referrals have gone through
      - With Direct Trust, issues.
    - Practice B feels their process is fragmented and needs help
    - Have had trouble getting notes back from specialists
      - No consistency in receiving back

- Practice C
  - Send referrals P2P or fax
  - Give the patient expectation of 1-2 weeks for specialist office to call patient to schedule.
  - Sometimes try to set up the specialist appointment while patient is still in office, if it is urgent.
  - Don't always get consult notes back
  - Some specialist offices notify practice when appointment is made with patient.
  - Tracking process is monthly
    - Sending a portal message or calling patient to see if they have heard from the specialist office or have seen the specialist
      - If yes, contacting the specialist office to get referral notes
- Practice D
  - Very rarely is patient scheduled before leaving Practice D
  - The patient receives a slip from Practice D at check-out with the specialist information on it and the patient is told to call Practice D as soon as they get their appointment time or have not heard from the specialist office within 1 week.
  - The Front Desk, along with Practice Manager and Quality Manager, as it is a quality measure, work on closing loops.
    - Some offices do not send notes
    - Many patients start to feel better and do not follow up with referral
      - First call on tracking is to patient to see if they decided not to go
  - Practice D has been discussing internally a process to tell specialist offices that they will have to send notes if they want the referral.
- Practice E
  - Similar processes to the other offices
  - Tracking the referrals is a little different:
    - Physician order goes to front desk
    - Front desk sends out either P2P or fax
    - Front desk checks with specialist office within a week to either make sure appt. is scheduled and/or the specialist office received the referral
  - Visits are seldom scheduled prior to leaving office.
  - Patient is asked to let practice within a week if they have been called and scheduled for the specialist appt.
  - They have an employee that comes in at night to do scanning, and double check the referrals.
    - If there is no activity on the referral for 2 weeks, she contacts the provider who sent referral to check status with specialist office
  - When patients have their follow up with PCP office, they ask patients who have actually gone to the specialist to see what their experience was with the office, and then do not refer to those offices where the patients have had negative experiences. (unless there is no other place to refer to)
  - Have some trouble getting notes back
    - Will fax a list of referred patients and dates to the specialist practice with a cover letter to please send notes.
    - Do find that some patients are scheduled 5-6 months out
- Practice F
  - Most referrals are sent to DeVos using Direct Trust to meet MU numbers, but most of the time they also fax due to the Direct Trust not working properly.
  - Has a referral specialist (2 people share one position).

        - As a pediatric practice, do not have a lot of options for specialists and are usually calling and begging for specialists to take their Medicaid patients.
        - Calls specialist directly, sends information, then follows up in a week to see if patient has been scheduled.
    - Ask patients to call practice with an appt. time, but most don't.
    - There is a "form" used for Devos referrals, but many times say they have not received when called for follow-up.
        - Devos will also call the patient to schedule, and if the patient does not call back, Devos closes the referral, but does not notify the office.
- Practice G
    - Trying to get a designated referral specialist.
    - Only emergent patients are scheduled prior to leaving office
    - Because of the number of Medicaid patients, may not know at time of visit where the referral will be sent.
    - Usually have to make multiple calls to patient and specialist.
    - Tracking is supposed to be done monthly but can get very behind due to number of physicians in office (25) and number of referrals.
    - Are getting a lot of notes back from specialists, which is "new"
    - Do not usually receive appointment time information
    - Patient is sent with specialist information and told to call PCP practice if they have not heard from the specialist office in 1-2 weeks.
    - Use NextGen Share or P2P for sending referrals.
- Practice H
    - Provider puts what they want sent with referral (notes, etc.) and the time frame expected; then MA sends the referral
    - Tells patients when they leave office, if they don't hear from specialist office within a week, to let PCP practice know.
        - Patient is to call PCP practice when their appt. with the specialist office is scheduled
        - Find they have to do a lot of reassurance with the patient as appt. may be 3-6 months out.
    - With Direct Trust, the actual referral does not go through with the rest of paperwork (notes, records, etc.)
    - Just started flagging referrals that need to be seen sooner rather than later so the MA can keep calling until the specialist office can get them in.
    - Have an MA who has 4 hours per week dedicated to follow up on referrals. 4 providers.
    - Some specific offices are difficult with scheduling. Have told specialist offices that don't send notes that they need to send notes and practice will involve physician organization if they don't- and then have received notes.
- Practice I
    - Has two referral specialists
        - One works eCW referrals only
        - One works outside (of eCW) referrals
    - Depending on severity can sometimes schedule appts. before patient leaves office, they are a multi-specialty practice, so sometimes a patient can be seen same day and all practices within are on eCW.
    - Outside of eCW/practice, all of follow up and tracking is done by the referral specialist.
        - Do have issues getting notes back and appt. time information.

            - Track weekly
        - Put notes in referral section so patients can see progress in their portal.
        - Give printed referrals at time of visit so patient has information.
    - Practice J
        - Same processes and complaints as other practices
        - Direct Trust does not work and have to send faxes anyway.
    - Practice K
        - Similar processes as everyone else and issues
        - Front desk closes referral if notes/consult are faxed back.
        - Have a designated person to follow up on older referrals.
    - Common threads:
        - Processes can be clunky and require time and there is rework but they do work
        - Most offices send list of patients for follow up when they have not received notes back
        - Specialist offices have asked PCP not to call to schedule appts. as they want to review records first
        - How many times do you follow up with patient regarding a referral? Most practices, 3 times by phone and then a letter, if needed
        - Seems as though most PCPs have same processes, likely because they are PCMH, do specialists have similar processes/capabilities?
            - Most specialists want a short H&P, last visit note, and **most importantly, the reason for the referral.**
    - Kris's Comments and Questions:
        - It is specialist VBR nomination time and those PCPs who serve on the NPO Board or on an NPO committee have received communication asking for feedback on Specialist practices. NPO does do follow-up and it may impact nomination status.
            - Good to hear that notes receipts are better now than 3 years ago
        - If there were a PCP/Specialist meeting (which would take a long time to coordinate), what should be discussed?
            - The meeting should be set up to explain what PCPs have to do for a referral and what Specialists have to do for a referral.
            - Could a simple form/cover sheet be created with just what is needed back and forth?
            - There is a misconception that since PCPs have incentive programs that pay them for this work, the specialists should not have to do anything extra.

- **10.5 Capability requirement of a screening tool for community resource needs – how is your practice handling?**
    - One practice's process – at the yearly physical and new patients, have added a screening tool to the review of symptoms kiosk and the patient portal and have a paper version.
        - MA offers resources for "yes" answers
        - Packets for each type of resource (food, housing, transportation, etc.)
        - For those that don't fill out provider is asking why they did not, spurring different conversation
        - Have a community resource of the month board – with extra info about the resource and also highlight breast cancer screening and colorectal
        - *If needing heating assistance – apply Oct, Nov because first come first served and money may run out by February*

        - Do put extra copies of "hot button" resources in Community resources binder so the patient can just take without having to ask or discuss – also having extra copies at checkout where can grab discretely (housing, abuse, meds, substance abuse)
    - Another practice commented that 2-page resource is great and patients take them – some practices have in exam rooms
        - Post grief counseling sessions
    - A practice in SIM has noticed how much need there really is – especially around abuse
    - One practice has "hot button" resources in the bathrooms so patients have access even if they are with a person they do not want to know that they took resources.
    - Another practice process: all adults complete screening at annual visit, moving to include children in 2-4 weeks
        - Using a non-billable CPT code in chart to catch those who have not completed the screening
        - Catching missed patients at appts that are not annual visits.
        - Binders in lobby and resources all over practice
    - One practice has resource guides on the wall in each room and the lobby.
        - Nurses go over community resources with all new patients and document in the social history portion of the chart
        - Looking at offering a social determinants of health questionnaire.
        - Front desk shows all new patients community resource boards, and nurses review community resources
        - Document in EMR
    - Have found that patients just don't want to bring up issue, so by bringing it up for them, it opens doors for conversations
- Marie took 5 minutes at the end of the meeting to talk about the "NEW VITALSIGN" (*mailed to practices after this meeting*). The medical directors are working on additional communication. Contact Bryanna if you would like more posters.

PLEASE NOTE: If you plan to attend the next meeting either in-person or telephonically, please either email kelliott@npoinc.org or call NPO at 231-421-8505 to RSVP. After we receive your RSVP, we send you an Outlook appointment. Please bring in parking garage tickets for validation.

2018 meetings dates and topics:

- **Tuesday, 6/19/18**
    - **NPO IT Discusses:**
        - Direct Trust
        - Medication Reconciliation
        - IT HIE Incentive Update
        - Ecw IT services
- **Tuesday, 8/21/18**
- **Wed, 9/26/18**
- **Thursday, 10/25/18**
- **Thursday, 11/29/18**